

Application for Fence Permit

Town of Clarence, New York

Received by: _____

Date: _____

Fee: _____

Name and Address of Property Owner:

_____ Phone: _____

Description and Location of Fencing:

_____ * I have read and agree with the fence regulations
Signature of Applicant

Town Use:

Initial Action:

Approved by: _____

Rejected by: _____

Final Inspection: _____

Signature

Date

Filed with Town Clerk: _____

Signature

Date

Permit # _____